Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		. 36			X\$ 9=		OR	X\$18=	630.00
INDEPENDENT CLAIMS			<u> </u>	nus 3 =	6			X40=		OR	X80=	1181,00
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	70
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE
	Total	. 55	Minus	<u>F</u>	55	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	9.	-	[X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							L.	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mp 2)	(Column 3)		DDIT. FEE			ADDII. FEET	
_		CLAIMS	9	HIGH	EST		Ίг	1	ADDI-	i		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* ,	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		[=	Ţ	X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
							Ŀ	+135=		OR	+270=	. ,
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	71 ,	(Column 1)	Total Section 1	(Colu		(Column 3)	-					
AMENDMENT C	(- , <u>-</u>	CLAIMS REMAINING AFTER AMENDMENT	g 6 .	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	┇	X40=		<u></u>	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN		J ├			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	s less tha	n 20, enter "20.	." А	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	